



**City of Rochester**  
**Building Safety Department**  
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**MANUFACTURED HOME PARK  
Permit Application**

Office Use Only

(4/03)

App. No. \_\_\_\_\_

Date \_\_\_\_\_ Manufactured Home Park \_\_\_\_\_

Site Address \_\_\_\_\_  
Number Street Lot No.

Subdivision and/or Addition	Block	Lot	Plat	Parcel

Applicant is: ☐ Owner ☐ Contractor/Installer ☐ Other (describe) \_\_\_\_\_

<b>Owner</b>	Name _____ Phone (____) _____ Last First MI
	Address _____
	City _____ State _____ Zip Code _____
<b>Contractor/ Installer</b>	Company _____ Phone (____) _____
	Name _____ Roch. Contr. No. _____ Last First MI
	Address _____ Installer Contr. No. _____
	City _____ State _____ Zip Code _____
<b>Trade Contractors</b>	Electrical _____ Roch. Contr. No. _____
	Mechanical _____ Roch. Contr. No. _____
	Plumbing _____ Roch. Contr. No. _____

**New Home Installation**

Manufacturer \_\_\_\_\_ Mfr. Date \_\_\_\_\_

Model \_\_\_\_\_ Size \_\_\_\_\_ Serial No. \_\_\_\_\_

The manufactured home shall be installed by an installer licensed by the State of Minnesota. The installation shall be in accordance with Minnesota Rules (M.R.) Chapter 1350 and the manufacturer's instructions. Additional permits are required for the water, sewer, gas piping and electrical connections.

**Description of Other Work** (If not new home) \_\_\_\_\_

Total valuation of work \$ \_\_\_\_\_ (installation and hookup costs)

*I hereby apply for a manufactured home park permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and ordinances of the City of Rochester, including City Sales and Use Tax Ordinance 129.25. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).*

*I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota and/or the City of Rochester. Anyone not so licensed may do work on premises or that part of premises (not containing more than two units) owned and actually occupied by the worker as a residence.*

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**MANUFACTURED HOME PARK REVIEW**

Lot No. \_\_\_\_\_

Comments: \_\_\_\_\_

Approved by: \_\_\_\_\_  
(Owner or Manager)

Date: \_\_\_\_\_

**OLMSTED COUNTY PUBLIC HEALTH SERVICES REVIEW**

(Include a site plan showing the proposed structure, with distances to buildings, lot lines and roadways.)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed for consistency with Minnesota Law M.S.327:

By: \_\_\_\_\_

Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – Office Use Only****ZONING REVIEW COMMENTS**☐ Site Plan☐ Surveyor's Certificate

Zoning District \_\_\_\_\_

Flood District \_\_\_\_\_

Flood Protection Required \_\_\_\_\_

Flood Protection Elev. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Final Zoning Review Required ☐ Yes ☐ No

Zoning Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INFORMATION**

R106 Manufactured Home

Finish Floor Elev. \_\_\_\_\_

Lowest Floor Elev. \_\_\_\_\_

☐ Privately owned☐ Publicly owned

Comments: \_\_\_\_\_

\_\_\_\_\_

Permit Approved by: \_\_\_\_\_ Date: \_\_\_\_\_